

Foster Family Home - Deficiency Report

Provider ID: 1-560434

Home Name: Thelma Ortal, CNA

Review ID: 1-560434-10

94-1079 Kaaholo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 10/12/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection.

Deficiency Report issued during CCFFH inspection with corrective action plan due to [REDACTED] within 30 days of inspection

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 1 for [REDACTED]

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:


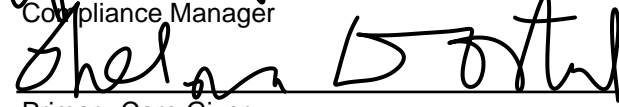
50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) Service plan for clients #1 no proof of updated since 2019. Clients 1 and 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice


Compliance Manager

Primary Care Giver

10/12/21
Date
10/12/21
Date